

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>PL</i>	<i>32</i>	<i>12/12</i>
FORMALITY REVIEW	<i>MD</i>	<i>579</i>	<i>3/22/01</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>579</i>	<i>05/11/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	
3	
4	
5	
6	
7	✓
8	✓
9	✓
10	✓
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	
30	
31	✓
32	
33	
34	
35	
36	✓
37	
38	
39	
40	
41	✓
42	✓
43	✓
44	✓
45	
46	
47	
48	
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
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85	✓
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	
Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
111	✓
112	✓
113	✓
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131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy